

20

Manual Barajas
Register No. 55752-039
Federal Correctional Institution
3600 Guard Road
Lompoc, CA. 93436

UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF MICHIGAN

Case No. 17-CR-20489-TGB-EAS
Motion To Reduce Sentence
Pursuant To 18 U.S.C. 3582

United States Of America,
Plaintiff,

v.
Manual Barajas,
Defendant.

Movant, Manual Barajas, respectfully moves this Court pursuant to the newly-amended 18 U.S.C. 3582 (c) (1) (A) (i) for an order reducing his sentence to time served based on "extraordinary and compelling reasons" arising from a debilitated, incurable and progressive medical condition, debilitating injury from which he will not recover, serious physical or medical condition, serious functional or cognitive impairment, that substantially diminishes the ability of Movant to

provide self-care within the environment of a correctional facility and from which he is not expected to recover. Pursuant to the First Step Act, the Court has jurisdiction to determine whether "extraordinary and compelling reasons" warrant a sentence reduction after consideration of sentencing factors under 18 U.S.C. 3553 (a) and the Sentencing Commission's policy statement on reduction of sentence in U.S.S.G. 1B1.13. Because Movant's circumstances fall within the Sentencing Commission's standards for reduction of sentence as described in Application Note 1 of U.S.S.G. 1B1.13 and within the Bureau of Prisons Program states 5050.49, a reduction in sentence to time served is requested.

I. Jurisdiction

Pursuant to the First Step Act of 2018, the court has jurisdiction over a motion to reduce sentence pursuant to 18 U.S.C. 3582 (c) (1) (A)(i), which states the following:
(c) Modification of an Imposed Term of Imprisonment. The court may not modify a term of imprisonment once it has been imposed except that (1) any case (A) the court, upon motion of the Director of the Bureau of Prisons, or upon motion of the defendant after the defendant has fully exhausted all

administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendants behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendants facility, whichever is earlier, may reduce the term of imprisonment (and may impose a term of probation or supervised release with or without conditions that does not exceed the unserved portion of the original term of imprisonment), after considering the factors set forth in section 3553 (a) to the extent that they are applicable, if it finds that (i) extraordinary and compelling reasons warrant such a reduction. The court has jurisdiction over this motion to reduce sentence when 1) the defendant has fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendants behalf or 2) 30 days has elapsed from the receipt of such a request by the warden of the defendants facility, whichever is earlier. Morant has exhausted all available administrative remedies by seeking compassionate release through the Warden at FCI Lompoc. Further, more than 30 days has elapsed without a decision. Therefore, this court has jurisdiction over this motion.

II. Relevant Law and Authorities.

This Court has discretion to reduce the term of imprisonment imposed in this case based on 18 U.S.C. 3582 (c)(1)(A)(i), which states in relevant part that the Court "may reduce the term of imprisonment, after consideration the factors set forth in section 3553(a) to the extent they are applicable, if it finds that extraordinary and compelling reasons warrant such a reduction." Pursuant to the requirement of 28 U.S.C. 994(+), as authorized by 28 U.S.C. 994 (a) (2)(C), the Sentencing Commission promulgated a policy statement that sets out the criteria and examples of "extraordinary and compelling reasons" in U.S.S.G. 1B1.13 that include Movant's circumstances involving a serious physical or medical condition, serious functional or cognitive impairment, that substantially diminishes the ability of Movant to provide self-care within the environment of a correctional facility and from which he is not expected to recover. Further, under Bureau of Prisons Program Statement 5050.49, Movant suffers from a debilitated medical condition that is incurable and progressive and a debilitating injury from which he will not recover.

III Background.

Movant's serious and incurable debilitating conditions are asthma or paroxysmal labored breathing accompanied by wheezing. Movant's "extraordinary and compelling reasons" stem from the mishandling of the COVID-19 response (see Yonnedil Carror Torres v. Louis Mulusnic No. CV 20-4450-CBM-PVCx). Up to this point FCC Lompoc is not observing the CDC guidance and not observing the Bureau of Prisons protocol (see Document 101 filed 09/25/20 Report of Dr. Homer Venters No. CV 20-4450-CBM-PVCx). This is a dire situation that can be deemed "extraordinary and compelling reasons". On February 21, 2019 Movant was sentenced to 135 months for Conspiracy to distribute a controlled substance. To date, Movant has served approximately 39 months of his imprisonment sentence. Movant has been at FCI Lompoc since May 6, 2019. On May 28, 2020, Movant submitted a request to reduce the term of imprisonment to the Warden of FCI Lompoc, and then again on July 9, 2020. More than 30 days have passed since then. No action has been taken on Movant's request. The First Step Act was passed, and the Sentencing Commission concluded

"extraordinary and compelling reasons" were limited to four scenarios U.S.S.G. 1B1.13. These scenarios include: (A) the medical condition of the defendant, (B) the age of the defendant, (C) family circumstances, and (D) a catchall provision. Subdivision (D):

As written, Subdivision (D) allows the Director of the BOP to determine that "there exists in the defendant's case an extraordinary and compelling reason other than, or in combination with the reasons described in subdivision (A) through (C)

U.S.S.G. 1B1.13 (D). In other words, the policy statement vests the discretionary authority for the catchall provision entirely with the Director of the BOP. Since the Sentencing Commission has not yet harmonized its policy statements with the First Step Act, this Court must decide whether it also has discretion to grant compassionate release under Subdivision (D). In finding that this Court may order release in a case involving an extraordinary and compelling reason other than, or in combination with, the reasons described in subdivisions (A) through (C), this Court follows a growing list of district courts within this circuit and others, that have concluded they also have discretion under Subdivision (D)

See, e.g., U.S. v. Cantu, No. 1:05-CR-458-1, 2019 U.S. Dist. LEXIS 100923, 2019 WL 2498923, at *5 (S.D. Tex. June 17, 2019) Rodriguez, 424 F. Supp. 3d. 674; U.S. v. Chan, 96-cr-00094, 2020 U.S. Dist. LEXIS 56232, 2020 WL 12527895 (N.D. Cal. March 31, 2020); U.S. v. Almontes, No. 3:05-cr-58, 2020, U.S. Dist. LEXIS 62524, 2020 WL 1812713 (D. Conn. April 9, 2020). I attest that my allegations are not speculative or conclusory.

IV A Sentence of Time Served Constitutes A Sentence Sufficient But Not Greater Than Necessary To Accomplish The Goals Of Sentencing under 18 U.S.C. 3553(a). Under 3553(a), the extraordinary and compelling reasons, under both the BOP and Sentencing Commission descriptions, warrant sentence reduction based on Movant's history and characteristics, the need for effective and supportive environment for medical care, and the accomplishment of the deterrence and public safety purposes of sentencing. The time already served has met many of the original sentencing goals.

V A Suitable Release Plan Exists.

If this motion is granted and Movant is placed on supervised release, Movant will reside at 7465 Shorthorn Street, Chino, California 91708. Movant will have reliable transportation to attend

all necessary appointments, requirements, and supervised release obligations. If location monitoring is required, Movant's proposed residence is suitable for location monitoring and Movant's family will make the necessary arrangements to install the proper telephone service.

VI. Conclusion

For the foregoing reasons, Movant respectfully requests that the Honorable Court grant a reduction in sentence to time served and place him on supervised release.

Respectfully Submitted,



Date. 10/5/20

Stephanee Hethumuni MD
Stephanee Hethumuni MD
101 East Beverly Blvd Ste 404
Montebello, CA 90640-4317
323-722-6861

09/30/2020

Manuel Barajas
September 9, 1995

To Whom IT May COncern;

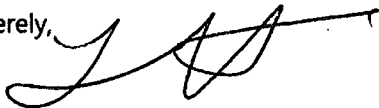
Manuel Barajas born on September 9, 1995, was my patient from birth to the age of 18yrs old. He was seen for office sick visit, physical exams and vaccines. He was advised if asthma flares up to start on neubelizer machine/inhalers go to Emergency room, call office to schedule appointment. He was diagnosed with asthma.

Given inhalers: Q-var., Albuteral and mollusk

If you have any questions please call our office.

:: Our office no longer has file,

Sincerely,



Provider: Stephanee Hethumuni MD 09/30/2020 12:29 PM

Document generated by: Patricia Gonzalez 09/30/2020
Manuel Barajas 09/30/2020 12:29 PM

Nose / Mouth / Throat:

External Nose: is unremarkable

Right Naris: No discharge

Left Naris: No discharge

Nasal Mucosa: No mucosal abnormality

Septum: No septal deviation or perforation

Right Sinuses: No swelling or tenderness over right sinus

Left Sinuses: No swelling or tenderness over the left sinus

Right Turbinate: No right turbinate hypertrophy

Left Turbinate: No left turbinate hypertrophy

Adenoids: are present.

Lips/Teeth/Gums: Normal teeth and gums

Tongue: Normal tongue

Buccal Mucosa: Normal buccal mucosa

Salivary Glands: are normal

Breath Odor: No breath odor noted

Palate & Uvula: appear symmetric and normal

Tonsils: No tonsillar hypertrophy or exudates

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

Epiglottis: is normal

Arytenoids: are normal; there was no erythema or edema

Vocal Cords: move well, without lesions, nodules, or edema

Neck / Thyroid:

No thyromegaly or thyroid nodules detected. No cervical adenopathy.

Lymphatic:

There is / are no palpable occipital, postauricular, preauricular, submental, submaxillary, parotid, axillary, epitrochlear, inguinal, femoral lymph nodes.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. Normal palpation. Lungs clear to percussion.

There is no chest wall tenderness. There is no cough. Respiratory effort is normal.

Cardiovascular:

Palpation / Percussion: PMI normal.

Heart Sounds: NL S1, NL S2.

Extra Sounds: None.

Murmurs: None.

Rate and Rhythm: Heart rate is regular. Rhythm is regular.

JVD is absent. No edema is present.

Vascular:

Pulses

Carotid pulses: normal. Brachial pulses: normal. Radial pulses: normal. Femoral pulses: normal. Popliteal pulses: normal. Dorsalis pedis pulses: normal. Posterior tibial pulses: normal.

Bruits

Carotid bruits: absent. Supraclavicular bruits: absent. Brachial bruits: absent. Upper abdominal bruits: absent. Lower abdominal bruits: absent. Mid abdominal bruits: absent. Femoral bruits: absent.

Varicosities are absent

Abdomen:

Abdomen is not obese.

Symmetric - no distention. No abdominal appliances. Normal abdominal muscles. Bowel sounds present, no bruits. Normal percussion. Soft, nontender, no organomegaly. No CVA tenderness. Umbilicus is normal. Abdominal reflexes are normal.

There is no abdominal tenderness.

No hepatic enlargement.

No spleen enlargement.

Negative for hepatjugular reflux.

Ascites is not present.

Negative for Carnett's sign.

Negative for Murphy's sign.

Negative for Obturator sign.

Negative for Psoas sign.

Negative for Puddle sign.

Negative for hernia.

Negative for palpable masses.

<u>Time</u>	<u>Temp F</u>	<u>Temp C</u>	<u>Temp Site</u>	<u>Pulse/min</u>	<u>Pattern</u>	<u>Resp/min</u>	<u>Measured By</u>
3:09 PM	98.7		ear				Stephanie Hethumuni MD

Physical Exam**Constitutional:**

No acute distress. Well nourished. Well developed.

Head/Face:

Facial features are symmetric.

Eyebrows are normal.

The skull is atraumatic (normocephalic).

Hair and scalp are normal.

Temporal artery pulses are normal.

TMJ: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Eyes:**Right**

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Cornea is unremarkable.

PERRLA.

Iris: normal.

Anterior chamber: normal.

Fundus is benign.

EOM's intact - no nystagmus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Cornea is unremarkable.

PERRLA.

Iris: normal.

Anterior chamber: normal.

Fundus is benign.

EOM's intact - no nystagmus.

Visual Acuity

OD: 20/20 uncorrected

OS: 20/20 uncorrected

OU: 20/20 uncorrected

Corrective lenses: No

Ears:**Right**

Unremarkable to inspection. External ear normal to palpation. Pinna normal to inspection. Canal normal in caliber, no excessive cerumen, no drainage. Mastoid cavity clean to inspection. Normal tympanic membrane. Tympanostomy tube intact. Hearing grossly intact.

Left

Unremarkable to inspection. External ear normal to palpation. Pinna normal to inspection. Canal normal in caliber, no excessive cerumen, no drainage. Mastoid cavity clean to inspection. Normal tympanic membrane. Tympanostomy tube intact. Hearing grossly intact.

Pure Tone Audiometry**Response in right ear:**

Audiometry exam: Pass.

25 dB at 500 Hz

25 dB at 1 kHz

25 dB at 2 kHz

25 dB at 3 kHz

25 dB at 4 kHz

Response in left ear:

Audiometry exam: Pass.

25 dB at 500 Hz

25 dB at 1 kHz

25 dB at 2 kHz

25 dB at 3 kHz

25 dB at 4 kHz



Pubic hair is normally distributed.
Penile shaft is normal.
Urethral opening normal in caliber and position, no urethral discharge.
Scrotum normal, no masses or tenderness.
Epididymides normal.
No abnormal groin lymph nodes palpable.
No inguinal hernias noted.
Testes symmetric and non-tender. No testicular masses.
Bladder is non-tender without masses.

Rectum:

Peri-rectal area normal to inspection and palpation. No hemorrhoids, fissures or condylomata. Normal sphincter tone. Muscular ring appears normal. Rectal walls appear normal. Deep palpation reveals normal conditions. Stool is brown. Prostate appears normal. Normal Seminal Vesicle.

Integumentary:

No impressive skin lesions present.
No rashes or significant skin lesions detected by palpation.
Nails appear normal. Hair is normal in distribution and quality.
Decubitus is absent.

Back / Spine:

No kyphosis. No scoliosis. Spine is negative for posterior tenderness. Normal flexion. Normal extension. Normal lateral flexion.

Normal rotation.

Musculoskeletal:

Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection.

Gait is normal.

TMJ: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

No cervical spine tenderness. Normal mobility and curvature.

No thoracic spine tenderness. Normal mobility and curvature.

No lumbar spine tenderness. Normal mobility and curvature.

Left shoulder: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Right shoulder: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Right elbow: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left elbow: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Right hand: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left hand: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Right hip: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left hip: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left ribs: no tenderness or irregularity noted. Right ribs: no tenderness or irregularity noted.

Left pelvis non-tender to palpation. Right pelvis non-tender to palpation.

Right knee: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left knee: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Right foot / ankle: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Left foot / ankle: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Extremities:

Dorsalis pedis pulses: normal.

Posterior tibial pulses: normal.

No edema is present.

Varicosities are absent

Neurological:

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect.

Memory: Intact.

Cranial nerves: I through XII are grossly intact.

Sensory: No sensory loss.

Motor: No motor weakness.

Balance & Gait: Balance and gait intact.

Coordination: Coordination intact.

Fine Motor: Skills normal.

Deep Tendon Reflexes: DTR's preserved and symmetric.

Babinski: Reflexes normal.

Kernig's sign: Negative.

Brudzinski's sign: Negative.

Psychiatric:

The patient is oriented to time, place, person, and situation.

The patient's affect is appropriate.

The patient is negative for anhedonia, is not agitated, is not anxious, does not exhibit compulsive behavior, behaves appropriately for age, has normal knowledge, has normal language, is not fearful, does not have flight of ideas, is not forgetful, denies hallucinations, does not have increased activity, is not having memory loss, has no mood swings, does not have paranoia, exhibits normal judgment, has normal attention span and concentration, does not have pressured speech, and does not have suicidal ideation.

Assessment/ Plan

ROUTINE CHILD HEALTH EXAM (V20.2), Routine.

normal physical exam. diet and physical activity discussed. vaccines up to date, given a tb test rtc 2 days for reading. sent to the lab for fasting blood sugar, lipid panel, cbc, ua, gc, chlamydia, tsh. mother counseled. rtc prn

Office Labs

<u>Status</u>	<u>Ordered</u>	<u>Order</u>	<u>Reason</u>	<u>Interpretation</u>	<u>Value</u>
completed	07/20/2012	UA DIPSTICK			

Office Services

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Interpretation</u>	<u>Value</u>
completed	HEMOGLOBIN			EF:17.6%
completed	PPD 0.1 mL ID			

TB Screening

<u>TST 0.1 mL ordered</u>	<u>Placed</u>	<u>Side</u>	<u>Exp Date</u>	<u>Lot Num</u>	<u>Mfg</u>
07/20/2012	3:11 PM				

Lab Studies

<u>Status</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>	<u>Comments</u>	<u>Interpretation</u>	<u>Value</u>
completed	BMP	today	07/20/2012			
completed	CBC with Diff	today	07/20/2012			
completed	Chlamydia, DNA Probe	today	07/20/2012			
completed	Glucose, Fingerstick	today	07/20/2012			
completed	LIPID PANEL	today	07/20/2012			
completed	TSH	today	07/20/2012			
completed	URINALYSIS	today	07/20/2012			

Provider: Stephanie Hethumuni MD 07/20/2012 3:15 PM

Document generated by: Stephanie Hethumuni MD 07/20/2012 3:15 PM

Electronically signed by Stephanie Hethumuni MD on 08/02/2012 09:19 AM PDT

Stephane Hethumuni MD

Stephane Hethumuni MD
101 East Beverly Blvd Ste 404
Montebello, CA 90640-4317
323-722-6861

09/30/2020

Manuel Barajas
September 9, 1995

To Whom IT May COncern;

Manuel Barajas born on September 9, 1995, was my patient from birth to the age of 18yrs old. He was seen for office sick visit, physical exams and vaccines. He was advised if asthma flares up to start on neubelizer machine/inhalers go to Emergency room, call office to schedule appointment. He was diagnosed with asthma.

Given inhalers: Q-var., Albuteral and mollusk

If you have any questions please call our office.

:: Our office no longer has file,

Sincerely,

Provider: Stephane Hethumuni MD 09/30/2020 12:29 PM

Document generated by: Patricia Gonzalez 09/30/2020
Manuel Barajas 09/30/2020 12:29 PM

Date: 07/20/2012 9:00 AM

Stephanee Hethumuni MD
 Stephanee Hethumuni MD
 101 East Beverly Blvd Ste 404
 Montebello, CA 90640-4317

PATIENT: Manuel Barajas
 DATE OF BIRTH: 09/09/1995
 DATE: 07/20/2012 9:00 AM
 HISTORIAN: mother
 VISIT TYPE: Well child: 16 years

History of Present Illness

This 16 year 10 month old male presents with:

1. Well child - 16 Years**Past Medical History**

Reviewed, no changes.

Family History

Reviewed, no changes.

Social History

Reviewed, no changes.

PEDS Nutrition History

Usual intake: There are no concerns with patients nutrition.

Review of Systems**Respiratory:**

Negative for known TB exposure.

Neuro/Psychiatric:

Negative for distorted body image and self conscious.

Vital Signs**Height**

Time	ft	in	cm	Last Measured	Method	%	Measured By
3:09 PM	5.0	4.00		07/20/2012	measured	4	Stephanie Hethumuni MD

Weight / BSA / BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2	Measured By
3:09 PM	135.00			dressed without shoes	38	23.17		Stephanie Hethumuni MD

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
3:09 PM	98/72	sitting	left	arm	manual	pediatric	Stephanie Hethumuni MD

Temp / Pulse / Respiration

Barajas, Manuel 09/09/1995 July 20, 2012

<u>Time</u>	<u>Temp F</u>	<u>Temp C</u>	<u>Temp Site</u>	<u>Pulse/min</u>	<u>Pattern</u>	<u>Resp/min</u>	<u>Measured By</u>
3:09 PM	98.7		ear				Stephanie Hethumuni MD

Physical Exam**Constitutional:**

No acute distress. Well nourished. Well developed.

Head/Face:

Facial features are symmetric.

Eyebrows are normal.

The skull is atraumatic (normocephalic).

Hair and scalp are normal.

Temporal artery pulses are normal.

TMJ: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Eyes:**Right**

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Cornea is unremarkable.

PERRLA.

Iris: normal.

Anterior chamber: normal.

Fundus is benign.

EOM's intact - no nystagmus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Cornea is unremarkable.

PERRLA.

Iris: normal.

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Visual Acuity

OD: 20/20 uncorrected

OS: 20/20 uncorrected

OU: 20/20 uncorrected

Corrective lenses: No

Ears:**Right**

Unremarkable to inspection. External ear normal to palpation. Pinna normal to inspection. Canal normal in caliber, no excessive cerumen, no drainage. Mastoid cavity clean to inspection. Normal tympanic membrane. Tympanostomy tube intact. Hearing grossly intact.

Left

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Pure Tone Audiometry**Response in right ear:**

Audiometry exam: Pass.

25 dB at 500 Hz

25 dB at 1 kHz

25 dB at 2 kHz

25 dB at 3 kHz

25 dB at 4 kHz

Response in left ear:

Audiometry exam: Pass.

25 dB at 500 Hz

25 dB at 1 kHz

25 dB at 2 kHz

25 dB at 3 kHz

25 dB at 4 kHz

Nose / Mouth / Throat:

External Nose: is unremarkable

Right Naris: No discharge

Left Naris: No discharge

Nasal Mucosa: No mucosal abnormality

Septum: No septal deviation or perforation

Right Sinuses: No swelling or tenderness over right sinus

Left Sinuses: No swelling or tenderness over the left sinus

Right Turbinate: No right turbinate hypertrophy

Left Turbinate: No left turbinate hypertrophy

Adenoids: are present.

Lips/Teeth/Gums: Normal teeth and gums

Tongue: Normal tongue

Buccal Mucosa: Normal buccal mucosa

Salivary Glands: are normal

Breath Odor: No breath odor noted

Palate & Uvula: appear symmetric and normal

Tonsils: No tonsillar hypertrophy or exudates

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

Epiglottis: is normal

Arytenoids: are normal; there was no erythema or edema

Vocal Cords: move well, without lesions, nodules, or edema

Neck / Thyroid:

No thyromegaly or thyroid nodules detected. No cervical adenopathy.

Lymphatic:

There is / are no palpable occipital, postauricular, preauricular, submental, submaxillary, parotid, axillary, epitrochlear, inguinal, femoral lymph nodes.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. Normal palpation. Lungs clear to percussion.

There is no chest wall tenderness. There is no cough. Respiratory effort is normal.

Cardiovascular:

Palpation | Percussion: PMI normal.

Heart Sounds: NL S1, NL S2.

Extra Sounds: None.

Murmurs: None.

Rate and Rhythm: Heart rate is regular. Rhythm is regular.

JVD is absent. No edema is present.

Vascular:

Pulses

Carotid pulses: normal. Brachial pulses: normal. Radial pulses: normal. Femoral pulses: normal. Popliteal pulses: normal. Dorsalis pedis pulses: normal. Posterior tibial pulses: normal.

Bruits

Carotid bruits: absent. Supraclavicular bruits: absent. Brachial bruits: absent. Upper abdominal bruits: absent. Lower abdominal bruits: absent. Mid abdominal bruits: absent. Femoral bruits: absent.

Varicosities are absent

Abdomen:

Abdomen is not obese.

Symmetric - no distention. No abdominal appliances. Normal abdominal muscles. Bowel sounds present, no bruits. Normal percussion. Soft, nontender, no organomegaly. No CVA tenderness. Umbilicus is normal. Abdominal reflexes are normal.

There is no abdominal tenderness.

No hepatic enlargement.

No spleen enlargement.

Negative for hepatjugular reflux.

Ascites is not present.

Negative for Carnett's sign.

Negative for Murphy's sign.

Negative for Obturator sign.

Negative for Psoas sign.

Negative for Puddle sign.

Negative for hernia.

Negative for palpable masses.

Barajas, Manuel

09/09/1995 July 20, 2012

City

Pubic hair is normally distributed.
Penile shaft is normal.
Urethral opening normal in caliber and position, no urethral discharge.
Scrotum normal, no masses or tenderness.
Epididymides normal.
No abnormal groin lymph nodes palpable.
No inguinal hernias noted.
Testes symmetric and non-tender. No testicular masses.
Bladder is non-tender without masses.

Rectum:

Peri-rectal area normal to inspection and palpation. No hemorrhoids, fissures or condylomata. Normal sphincter tone. Muscular ring appears normal. Rectal walls appear normal. Deep palpation reveals normal conditions. Stool is brown. Prostate appears normal. Normal Seminal Vesicle.

Integumentary:

No impressive skin lesions present.
No rashes or significant skin lesions detected by palpation.
Nails appear normal. Hair is normal in distribution and quality.
Decubitus is absent.

Back / Spine:

No kyphosis. No scoliosis. Spine is negative for posterior tenderness. Normal flexion. Normal extension. Normal lateral flexion.
Normal rotation.

Musculoskeletal:

Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection.
Gait is normal.
TMJ: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
No cervical spine tenderness. Normal mobility and curvature.
No thoracic spine tenderness. Normal mobility and curvature.
No lumbar spine tenderness. Normal mobility and curvature.
Left shoulder: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Right shoulder: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Right elbow: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left elbow: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Right hand: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left hand: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Right hip: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left hip: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left ribs: no tenderness or irregularity noted. Right ribs: no tenderness or irregularity noted.
Left pelvis non-tender to palpation. Right pelvis non-tender to palpation.
Right knee: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left knee: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Right foot / ankle: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.
Left foot / ankle: no joint deformity, heat, swelling, erythema or effusion. Full range of motion.

Extremities:

Dorsalis pedis pulses: normal.
Posterior tibial pulses: normal.
No edema is present.
Varicosities are absent

Neurological:

Level of Consciousness: Normal.
Orientation: Alert and oriented X 3. Grossly normal intellect .
Memory: Intact .
Cranial nerves: I through XII are grossly intact.

Sensory: No sensory loss .
Motor: No motor weakness .
Balance & Gait: Balance and gait intact .
Coordination: Coordination intact .
Fine Motor: Skills normal .
Deep Tendon Reflexes: DTR's preserved and symmetric .
Babinski: Reflexes normal .

Kernig's sign: Negative.

Brudzinski's sign: Negative.

Psychiatric:

The patient is oriented to time, place, person, and situation.

The patient's affect is appropriate.

The patient is negative for anhedonia, is not agitated, is not anxious, does not exhibit compulsive behavior, behaves appropriately for age, has normal knowledge, has normal language, is not fearful, does not have flight of ideas, is not forgetful, denies hallucinations, does not have increased activity, is not having memory loss, has no mood swings, does not have paranoia, exhibits normal judgment, has normal attention span and concentration, does not have pressured speech, and does not have suicidal ideation.

Assessment/ Plan**ROUTINE CHILD HEALTH EXAM (V20.2), Routine.**

normal physical exam. diet and physical activity discussed. vaccines up to date, given a tb test rtc 2 days for reading. sent to the lab for fasting blood sugar, lipid panel, cbc, ua, gc, chlamydia, tsh. mother counseled. rtc prn

Office Labs

Status	Ordered	Order	Reason	Interpretation	Value
completed	07/20/2012	UA DIPSTICK			

Office Services

Status	Order	Reason	Interpretation	Value
completed	HEMOGLOBIN			EF:17.6%
completed	PPD 0.1 mL ID			

TB Screening

TST 0.1 mL ordered	Placed	Side	Exp Date	Lot Num	Mfg
07/20/2012	3:11 PM				

Lab Studies

Status	Lab Study	Timeframe	Date	Comments	Interpretation	Value
completed	BMP	today	07/20/2012			
completed	CBC with Diff	today	07/20/2012			
completed	Chlamydia, DNA Probe	today	07/20/2012			
completed	Glucose, Fingerstick	today	07/20/2012			
completed	LIPID PANEL	today	07/20/2012			
completed	TSH	today	07/20/2012			
completed	URINALYSIS	today	07/20/2012			

Provider: Stephanie Hethumuni MD 07/20/2012 3:15 PM

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